

FILED
U.S. DISTRICT COURT
EASTERN DISTRICT OF ARKANSAS

MAY 12 2003

**FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983**

JAMES W. McCORMACK, CLERK
By: **DEPUTY CLERK**

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF ARKANSAS
DIVISION**

CASE NO. 2:03CV000066
JTR

I. Parties

In item A below, place your full name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.

A. Name of plaintiff: Rubby James Gray
ADC # 500127

Address: P.O. BOX 180 Brickeys, Ar 72320

Name of plaintiff:
ADC #

Address:

Name of plaintiff:
ADC #

Address:

*This case assigned to District Judge Wright
and to Magistrate Judge Ray*

In item B below, place the full name of the defendant in the first blank, his official position in the second blank, his place of employment in the third blank, and his address in the fourth blank.

B. Name of defendant: Dr. Filed ~~Dr. Field~~ Dr. Field

Position: Dental

Place of employment: E.A.R.U. Brickeys, Ar 72320. For CMS

Address: P.O. BOX 180 Brickeys, Ar 72320

Name of ^{Assistant} defendant: Assistant Ms. Matthews

Position: ~~E.A.R.U. Brickeys Unit~~ Assistant

Place of employment: E.A.R.U. Brickeys Unit

Address: PO. BOX 180 Brickeys, Ar 72320

Name of defendant: _____

Position: _____

Place of employment: _____

Address: _____

Name of defendant: _____

Position: _____

Place of employment: _____

Address: _____

II. Are you suing the defendants in:

- ☐ official capacity only
☐ personal capacity only
☒ both official and personal capacity

III. Previous lawsuits

- A Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ☐ No ☒

- B. If your answer to A is yes, describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

- ☐ Parties to the previous lawsuit:

Plaintiffs: _____

Defendants: _____

- ☐ Court (if federal court, name the district; if state court, name the county): _____
- ☐ Docket Number: _____
- ☐ Name of judge to whom case was assigned: _____
- ☐ Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?) _____
- ☐ Approximate date of filing lawsuit: _____
- ☐ Approximate date of disposition: _____

IV. Place of present confinement: _____

V. At the time of the alleged incident(s), were you:
(check appropriate blank)

- ☐ in jail and still awaiting trial on pending criminal charges
- ☒ serving a sentence as a result of a judgment of conviction
- ☐ in jail for other reasons (e.g., alleged probation violation, etc.)
explain: _____

VI. There is a prisoner grievance procedure in the Arkansas Department of Corrections.
Failure to complete the grievance procedure may affect your case in federal court.

A. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes ☒ No ☐

B. If your answer is YES, attach copies evidencing completion of the final step of the grievance appeal procedure. FAILURE TO ATTACH THE REQUIRED COPIES MAY RESULT IN THE DISMISSAL OF YOUR COMPLAINT.

C. If your answer is NO, explain why not: _____

VII. Statement of claim

State here (as briefly as possible) the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

On April 18, 2003 I was called to the Infirmary to have a tooth pulled, the Denties pulled one on the lower back on the left side, then tried to pull my tooth, the Denties worked on it for over a hour or more and shot me about five times and the pain was so severe I was crying and yelling so loud the nurse Ms. Crawford and the officer that was working the door was very concern cause I was screaming in pain. Then the Denties and his assistant got mad at me cause they couldn't get it out and I was so loud, he said I shouldn't be feeling anything but I was, they hurt me so bad my mouth still hurts and it bled for two whole days. And I had him stop cause I couldn't take it know more and he said he would have to send me to a surgeon and have it cut out, But yesterday April 24, 2003 they sent me to Pine Bluff Unit and it was no surgeon and he said he just got off the phone with Dr. ~~Field~~ and wanted to try to pull it again and didn't even look in my mouth and I told him I wasn't going to let him try to pull it either. Cause I was told that I was going to see a surgeon and now I have fear of anyone trying to pull it ^{again} cause I am emotional distress.

VIII. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments.
Cite no cases or statutes.

I would like for them to take care of this problem that they
have caused and stop trying to cover it up and stop blaming me for
there wrong doing and the pain and suffering that I am going thru

I declare under penalty of perjury (18 U.S.C. § 1621) that the foregoing is true and correct.

Executed on this 11th day of MAY, 20 03.

Ruby James Gray

Signature(s) of plaintiff(s)

The Grievance form is in the other mail because I
don't have the money to send it out its in two different envelopes
and please if this goes out get back with me as soon as
you can because my tooth is still killing me and it has my
right eye jumping I need something done concerning this tooth
very soon. I cant take much more suffering.

C-800-5

GRIEVANCE FORM
UNIT/CENTER E.A.R.U. Bricks

ATTACHMENT I

For Office Use Only

Date Received _____

NAME (Please Print) Rubby James Gray ADC # 500127BARRACKS 12 JOB ASSIGNMENT FU-06Have you discussed this problem with your immediate supervisor? YES ☒ NO ☐ NATURE OR DESCRIPTION OF THE PROBLEM:

I was in the ~~Infirmary~~ Infirmary today about 12:45 PM having a tooth pulled and the Dentist pulled one and started on the other one. He tied for about a hour and a half and I was in so much pain and hurting so bad I was crying and yelling so loud that the nurse Ms. Crawford and the officer working the desk was concerned and now I need a root canal and my tooth is still bleeding like crazy and I am still WHAT DO YOU WANT TO HAPPEN TO SOLVE IT? ^{from what they done to me I am worst off now then I was when I first went and will never make that mistake ever again.}

I would like to be sent to Pine Bluff Unit and get my tooth fix and I would like to have someone look into this and I am going to send a copy of this to the United States District Court and see if I have a case for pain and suffering and mental ~~and~~ practice ^{and} suit.

Inmate Signature Rubby James Gray Date 04-18-03IS THIS AN EMERGENCY SITUATION? YES ☒ NO ☐ If so, why? (Provide Explanation) Because my

tooth has been bleeding for over 7 hour and I am in so much pain you wouldn't believe and now I am suffering because the Dentist couldn't do his job how much more pain do I have to bear before I can get some help and how much longer. Need help now today. Urgent Emergency. Can't take it any more.

(An emergency situation is one in which you may be subject to a substantial risk of physical harm. It should not be declared for ordinary problems that are not of a serious nature.) If you marked yes, you may give this completed form to any officer or department employee who shall sign the attached emergency receipt, give you the receipt, and deliver it without undue delay to the ARO, the Warden/Center Supervisor or, in their absence, to the Unit/Center Assistant Warden. REPRISALS: If you are harmed or threatened because of your use of the grievance form, report it immediately to the Warden.

(To be filled out by Receiving Officer)

RECEIPT FOR EMERGENCY SITUATIONS

OFFICER (Please Print) CPL A. W. WilliamsFROM WHICH INMATE? Rubby James Gray ADC # 500127DATE 4-18-03 TIME 11:00 PM

A. Williams
Signature of Receiving Officer